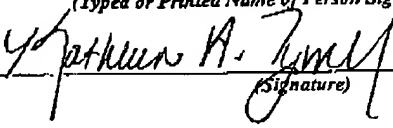
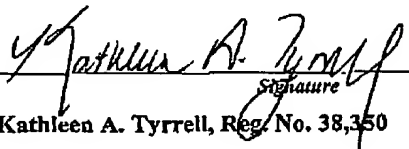


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8) Applicant(s): Chen et al.			Docket No. DEX-0230
Serial No. 09/940,227	Filing Date August 27, 2001	Examiner Blanchard, David J.	Group Art Unit 1642
Invention: Compositions and Methods Relating to Lung Specific Genes			
<p>I hereby certify that this <u>Reply under 37 C.F.R. 1.111</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u>)</p> <p>on <u>December 22, 2003</u> (Date)</p> <p style="text-align: right;"><u>Kathleen A. Tyrrell</u> (Typed or Printed Name of Person Signing Certificate)</p> <p style="text-align: right;"><u></u> (Signature)</p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p>			

AMENDMENT TRANSMITTAL LETTER (Large Entity)			Docket No. DEX-0230		
Applicant(s): Chen et al.					
Serial No. 09/940,227	Filing Date August 27, 2001	Examiner Blanchard, David J.	Group Art Unit 1642		
Invention: Compositions and Methods Relating to Lung Specific Genes					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	3 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
 <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1619 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Kathleen A. Tyrrell, Reg. No. 38,350 Licata & Tyrrell P.C. 66 East Main Street Marlton, New Jersey 08053 Tel : 856-810-1515 Fax: 856-810-1454			Dated: December 22, 2003		
cc:			<div style="font-size: small;">I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</div> <div style="border-top: 1px solid black; margin-top: 10px; font-size: x-small;">Signature of Person Mailing Correspondence</div> <div style="border-top: 1px solid black; margin-top: 10px; font-size: x-small;">Typed or Printed Name of Person Mailing Correspondence</div>		